

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. **Certified copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

8:\Elections Weddings 700 Forms\JFJD Form 18 MSCL\Application for Death.doc

<input type="checkbox"/>	I would like a CERTIFIED COPY of the record identified on the application. <i>(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application by selecting from the list below). The SWORN STATEMENT must be notarized if the application is submitted by mail.</i>	<input type="checkbox"/>	I would like a Certified INFORMATIONAL COPY of the record identified on the application.
✓	FEE \$13.00	<input type="checkbox"/>	CLERKS USE ONLY Faxed to: _____ Fax Number: () _____ - _____
<input type="checkbox"/>	To receive a certified copy, I am: <input type="checkbox"/> A parent or legal guardian of the registrant. (person listed on certificate) <input type="checkbox"/> A party entitled to receive the record as a result of a court order <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. <input type="checkbox"/> A child , grandparent, grandchild, sibling, spouse, or domestic partner of registrant. <input type="checkbox"/> An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. <input type="checkbox"/> Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.		

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Record		Today's Date	Telephone Number () -
Mailing Address	City	State	Zip
Person Receiving Copies, if Different from Above	No. of Copies	Amount \$	Email Address

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent- LAST Name	FIRST Name	MIDDLE Name
City or Town of Death	County of Death	
Date of Death- Month, Day, Year (or period of years to be searched)	Social Security Number	
Mother's Maiden Name	LAST name of Spouse	FIRST name of Spouse
YOUR DAYTIME CONTACT NUMBER: () -		

**Mail Request & Payment to: Mono County Vital Records, Attn: Debra VandeBrake
P.O. Box 237, Bridgeport, California 93517**